Ohio | Department of Rehabilitation & Correction

SUBJECT: **Dental Services**	PAGE 1 OF 14 .
	NUMBER: **68-MED-12**
RULE/CODE REFERENCE: Ohio State Dental Board Law and Rules, section 4715.22	SUPERSEDES: 68-MED-12 dated 11/10/15
RELATED ACA STANDARDS: 4-4360, 4-4381M, 4-4397M	EFFECTIVE DATE: December 26, 2016
	APPROVED:

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish standard procedural guidelines for the addressing of urgent and emergent pain and general delivery of dental services to the inmate population under the jurisdiction of the Ohio Department of Rehabilitation and Correction (DRC).

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction (DRC) and to all inmates incarcerated under the jurisdiction of the DRC.

IV. DEFINITIONS

Dental Director - The dentist who serves as the chief dental authority for the Bureau of Medical Services.

Institution Dental Director - The dentist who serves as the responsible dental authority at the institution level.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to provide routine dental care for eligible inmates and emergency dental care to all inmates under the direction and supervision of a licensed dentist.

VI. PROCEDURES

A. Credentials

1. All dentists and allied dental personnel employed by or under contract with the DRC shall be licensed or certified by the Ohio State Dental Board.

   a. Every dentist, hygienist and dental assistant radiographer shall provide the health care administrator (HCA) with a copy of his/her current State of Ohio dental license or dental radiographer's certificate before providing services, as referenced in Medical Protocol G-8, Credentialing.

   b. A copy of the current license or certification shall remain in the individual's institution personnel or contract file. The HCA shall verify the licensure upon receipt and annually thereafter.

   c. Any dental hygienist who treats patients without the dentist physically present must do so in compliance with *Ohio State Dental Board Law and Rules* (section 4715.22) and have on file with the HCA the proper paperwork to work alone.

   d. A copy of licenses (including DEA licenses for the dentists) and certificates for all dental staff (including applicable paperwork for a hygienist to work alone, administer local anesthetic, etc.), must be maintained in the dental clinic.

2. No dentist or allied dental personnel without a current, valid license or certification with the State of Ohio shall be permitted to work in any DRC institution.

B. Responsibilities of the DRC Dental Director

1. The DRC dental director is the dental authority for the DRC who is responsible for the overall supervision of the clinical dental services rendered at all institutions and the development of dental policies and protocols.

2. The DRC dental director shall supervise the assistant dental director(s).

3. The dental director or his/her designee shall perform a documented peer review of each dentist employed or contracted by DRC and an audit of each dental clinic minimally every two (2) years as outlined in Medical Protocol G-3, Peer Review for Advanced Level Providers. The peer review system shall have thresholds by which deficiencies in treatment quality or appropriateness can be corrected.

4. The dental director shall conduct periodic statewide dental staff meetings as needed.

5. The dental director shall credential/de-credential dentists to work in DRC.

6. The dental director or his/her designee shall participate in Continuous Quality Improvement at the Operation Support Center.

C. Responsibilities of the Institution Dental Director and Staff Dentists

1. The institution dental director serves as the responsible dentist and dental authority at the institution level.

2. The institution dental director is responsible for the overall supervision of the dental services rendered and shall ensure a dentist shall be available or on-call twenty-four (24) hours a day, seven (7) days a week to address dental emergencies.

3. Matters of purely dental judgment are the responsibility and sole province of the institution dental director and staff dentists.

4. Other responsibilities of the institution dental director and staff dentists include, but are not limited to:

   a. Prioritization and provision of clinical care for the inmate population;
   b. Clinical oversight of the institution dental staff;
   c. Assurance all medications prescribed or dispensed by the dental staff are documented both in the medical and dental records. Prescriptions must be written on the Doctor's Order form (DMH0020) or the electronic record equivalent;
   d. Evaluation of patients who need referral for specialty care and subsequent review of the specialist's recommendations. This includes maintaining an Oral Surgery Consult & Biopsy Log (DRC5523) including biopsy tracking and follow up, as referenced in Medical Protocol F-3, Oral Surgeon Referrals;
   e. Verification of immunity to or immunization against Hepatitis B virus for all dental staff. Verification of this immunity or immunization shall be maintained in the dental department and a copy shall be forwarded to the HCA;
   f. Participation in and assistance with orientation of other dentists and allied dental service providers to the institution dental area and dental procedures;
   g. Ensure the dental clinic has the necessary dental equipment, instruments, and supplies. Daily maintenance of dental equipment and instruments is the dental staff's responsibility;
   h. Maintenance of key, tool, and inventory control within the dental clinic;
   i. Maintenance of current copies of all DRC dental policies and protocols within the dental clinic;
   j. Provision of reports to the DRC dental director as required. This may include, but is not limited to, online monthly statistics and copies of clinic day sheets showing dental care provided;
   k. Participation in the institution Continuous Quality Improvement (CQI) program. Dental programs to monitor as part of CQI include:

      i. Compliance with policy and protocols;
      ii. Equipment use and maintenance;
      iii. Dental records and proper documentation;
      iv. Dental radiograph quality;
      v. Allocation and quality of removable partial dentures;
      vi. Patient satisfaction with dental care;

vii. Oral cancer screening and monitoring of biopsies;
viii. Use of Contract Monitoring checklist;
ix. Infection control.

l. Submission to department peer review as required by the DRC dental director;
m. Adherence to all DRC standards of employee conduct or standards of conduct for contractors, as applicable;
n. Attendance and participation in department meetings and committees, as required;
o. Provision of dental information/education to inmates, health care and institution staff. This shall include training (including written guidelines) of the medical (nursing) staff on the proper assessment and referral of inmates who present with dental emergencies in accordance with Medical Protocol F-1, Training for Medical Staff in Dental Screening/Dental Emergency Triaging.

D. Dental Service Provision

1. All dental care services shall be provided in compliance with the laws of the State of Ohio and of the Ohio State Dental Board including all infection control requirements in accordance with DRC policy 68-MED-18, Infection Control Activities, and Medical Protocol F-4, Infection and Environmental Control for Dental Services.

2. Requests for any dental care that are outside of this dental policy must be submitted by the treating dentist to the DRC dental director.

3. Intake dental screening shall be done by a qualified health care professional or health-trained professional within seven (7) calendar days of admission in accordance with Medical Protocol F-1, Training for Medical Staff in Dental Screening/Dental Emergency Triaging, and Medical Protocol F-6, Types of Dental Exams.

4. An intake dental examination by a dentist with instruction on oral hygiene shall be completed within fourteen (14) calendar days of admission in accordance with Medical Protocol F-6, Types of Dental Exams.

5. Oral hygiene, oral disease education, and self-care instruction are provided by a qualified health care provider within thirty (30) calendar days, supported by diagnostic x-rays, if necessary, in accordance with Medical Protocol F-9, Dental Radiography.

6. When necessary, referral and consultation with dental specialists, including oral surgery, shall be made as outlined in section VI.K of this policy and Medical Protocol F-3, Oral Surgeon Referrals.

7. DRC dentists shall attempt to maintain or complete dental treatment that was initiated before incarceration, if possible, and only if treatment is considered necessary.

   a. Fixed or removable prosthetic appliances that have been fabricated as part of outside dental care may be sent in and delivered with prior approval.

b. The inmate shall be informed DRC will not deliver or be responsible for any unsatisfactory prosthetic device sent in from a non-Department source.

8. A dental screening shall be completed within seven (7) calendar days of an institution receiving an inmate transfer, in accordance with Medical Protocol F-1, Training for Medical Staff in Dental Screening/Dental Emergency Triaging.

9. All dental care shall be documented on the Dental Record (DRC5103) or the electronic record equivalent and the Dental Treatment Remarks (DRC5294) or the electronic record equivalent. Documentation must include identification of the inmate's condition and priorities for treatment by categories.

10. Inmates shall be provided with information about access to dental care upon arrival at their reception center and parent institution.

11. Inmates requesting dental care shall be examined and advised of their dental condition. All inmates shall be provided Category 1 and Category 2 care (see section VI.E of this policy) if they request such services. Category 3 and Category 4 care shall be available according to eligibility requirements.

12. Documentation by dentists shall be in the SOAP format (Subjective, Objective, Assessment, and Plan). It is a requirement the patient's health history be reviewed and this review is documented/updated prior to treatment. DRC dentists shall have access to the patient medical record containing the health history and current medications. Dentists shall develop a comprehensive treatment plan for patients receiving Category 3 or 4 care.

13. All institutions shall provide the diagnostic services necessary to allow the dental practitioner adequate information to arrive at a diagnosis and/or treatment plan.

14. Civil Service and contract dentists shall not provide dental services to offenders through any private arrangements.

15. The institution dentist has the right to delay treatment when that treatment cannot be adequately rendered because of the patient's lack of cooperation in practicing generalized plaque control, e.g., delaying restorative work because the oral hygiene is so poor and the tissue so edematous that the quality of the work would be compromised. Such information shall be thoroughly documented in the patient's dental record.

    a. Category 3 and 4 care shall only be provided when generalized plaque control is obtained.

    b. Adequate attempts shall be made by the dental staff to educate and demonstrate to the patient proper oral hygiene techniques along with re-examination of the patient to determine compliance. These attempts shall be documented in the Dental Record (DRC5103) or the electronic record equivalent.

    c. A plaque index may be used to assist in patient education and evaluating the patient's level of oral hygiene.

16. Periodontal services assist in the maintenance of soft oral tissues and bony structure surrounding teeth and are not intended as a replacement for the patient's responsibility for his or her own oral hygiene. Periodontal services shall be limited to non-surgical soft tissue maintenance, including root planning.

17. Inmates with HIV and diabetes, which put them at increased risk for morbidity, shall be given priority for periodontal treatment**.** Diabetic patients are eligible for an annual dental examination. Per Protocol A-7, HIV Chronic Care Guidelines, HIV patients are to be scheduled for an annual dental examination.

18. Inmates serving more than one (1) year are eligible for routine dental examination, cleaning, periodontal screening (PSR), oral cancer screening and continuing oral health education every twelve (12) months, in accordance with Medical Protocol F-7, Periodontal Screening and Recording, and Medical Protocol F-6, Types of Dental Exams.

19. Urgent periodontal services shall be provided in cases of acute infection.

20. Necessary surgical procedures shall be provided by the institution dentist, or referred to an oral surgeon, in accordance with Medical Protocol F-3, Oral Surgeon Referrals. Routine extraction of asymptomatic third molars is not recommended and shall not normally be provided.

21. Crown and bridge procedures such as single cast crowns, porcelain to metal crowns, porcelain crowns, bridges, and/or post-and-core procedures shall not be provided. If a cast crown is lost, it may be replaced by a temporary crown, if necessary.

22. All non-cemented cosmetic dental appliances worn over the teeth, such as grills, are not permitted and shall be removed as referenced in Medical Protocol F-2, Guidelines for Removal of Precious Metals.

23. The process for disposition of precious metals which are removed in the course of treatment is addressed in Medical Protocol F-2, Guidelines for Removal of Precious Metals.

24. Special diets may be prescribed for a limited time and renewed consistent with DRC policy 68-MED-10, Therapeutic Diets.

25. The American Dental Association (ADA) advises pregnant patients can continue regular dental appointments, although patients may be advised to avoid elective treatment during the first three (3) months of pregnancy. A radiograph may be needed for treatment of a dental emergency that can't wait until after the baby is born. The ADA advises radiation from dental radiographs is extremely low. A lead apron minimizes the abdomen's exposure to x-rays.

26. DRC shall make an ongoing effort to ensure each institution has suitable ADA-approved toothbrushes, floss, and fluoride toothpaste available to the population.

27. Co-payment shall not be charged for dental services per DRC policy 68-MED-15, Bureau of Medical Services Co-Payment Procedures.

28. Night guards or bite splints may be fabricated at the discretion of the treating dentist if a patient presents with symptoms significant enough to warrant such an appliance.

E. Categories of Dental Care

Dental services available to inmates are based on four (4) categories of dental care, as diagnosed by the institution dentist.

1. Category 1 – Emergency Care. A dental emergency is a serious, disabling condition of the teeth or surrounding tissues, manifested by severe symptoms and occurring suddenly or unexpectedly. This condition is severe enough to significantly compromise the ability to eat or sleep, and in the most extreme situations could be life threatening. All inmates are eligible for Category 1 care. Inmates presenting with Category 1 complaints shall be stabilized within twenty-four (24) hours.

   a. Examples include:
      i. Acute infection (such as dental, periodontal, or pericoronal infection);
      ii. Severe pain;
      iii. Suspected fractures of the jaw; and
      iv. Uncontrolled bleeding.

   b. Treatment includes:
      i. Emergency extractions;
      ii. Prescription of medications, as appropriate; and
      iii. Referral to an appropriate medical facility in the case of suspected fractures or infections which are life-threatening.

2. Category 2 – Urgent Care. The treatment of conditions of an urgent nature, such as grossly decayed teeth with significant pain. All inmates are eligible for Category 2 care. Inmates presenting with Category 2 complaints shall have pain stabilized within twenty-four (24) hours.

   a. Examples include:
      i. Acute necrotizing ulcerative gingivitis (ANUG);
      ii. Gross caries with significant pain.

   b. Treatment may include:
      i. Extraction of nonrestorable, symptomatic teeth;
      ii. Placement of sedative restorations in grossly decayed teeth;
      iii. Pulpotomy or pulpectomy;
      iv. Prescription of medications, as appropriate;
      v. Gross scaling and debridement of calculus (such as in the case of ANUG).

3. Category 3 – Routine, non-acute care for conditions that are not of an urgent nature. Inmates with length of stay in DRC greater than one (1) year are eligible for Category 3

care. This care shall not be provided prior to one (1) year of DRC incarceration. Dentists shall develop a Comprehensive Treatment Plan as part of the Comprehensive Treatment Planning Examination, as referenced in Medical Protocol F-6, Types of Dental Exams, for all patients receiving Category 3 care. All institutions shall provide the diagnostic services necessary to allow the dentist adequate information to arrive at a diagnosis and/or treatment plan. Examples include:

a. Routine restorations, such as resin modified glass ionomer, amalgam, and composite;
b. Routine dental scaling.

4. Category 4 - Prosthodontic care reserved for inmates with length of stay in DRC greater than three (3) years, as referenced in section G-5 through 8.

5. Care that is not necessary to the health or function of the inmate or is beyond the scope of services provided by DRC includes:

a. Porcelain veneers;
b. Fixed prostheses;
c. Cosmetic care;
d. Implants and restoration of implants;
e. Orthodontics;
f. Periodontal surgery (mucogingival surgery, osseous surgery, tissues grafts).

F. Dental Care Access

1. Inmates desiring dental services shall have access via a Health Services Request form~~s~~ (DRC5373) to nurse's sick call, and/or dental sick call. No member of the correctional staff may disapprove requests for attendance at sick call or scheduled dental appointments.

2. Health Service Request forms (DRC5373) shall be reviewed and assessed as follows:

a. Emergency (Category 1) and Urgent (Category 2) dental patients shall be seen and stabilized by an Advanced Level Provider, dentist, or appropriately trained RN within twenty-four (24) hours;

b. Routine requests (Category 3) will be scheduled an appointment on a routine basis.

3. Each dental department shall maintain a Dental Health Service Request Log (DRC5113).

4. Inmates shall be given detailed information on accessing emergency and routine dental care upon their arrival at a DRC facility orally and in writing.

5. Each institution shall have a procedure for notifying dental personnel of dental emergencies, for provision of emergency dental care, and emergency transportation using appropriate security procedures twenty-four (24) hours per day in accordance with DRC policy 68-MED-01, Medical Services.

6. All Health Service Request forms (DRC5373) concerning dental services shall be maintained in the patient's dental file or the electronic record equivalent.

G. Provision of Removable Prosthodontics as referenced in Medical Protocol F-8, Denture Fabrication, includes complete and partial dentures.

1. Complete and partial dentures are Category 4 care and shall not have priority over Category 1, 2, or 3 care.

2. Patients should understand that complete or partial dentures only replace a fraction of the chewing ability of natural teeth.

3. Upon receipt of a dental prosthesis, each inmate must sign a Precious Metal/Dentures Receipt form (DRC5297 or electronic equivalent).

4. Complete and partial dentures shall be made, as time and resources permit, in accordance with the below-listed criteria.

5. Removable Partial Dentures

   a. Partial dentures shall not be fabricated at State expense for an inmate with length of stay in DRC of three (3) years or less. Additionally, due to the amount of time and number of appointments needed to fabricate a partial denture, an inmate must have a minimum of nine (9) months until release for a partial denture to be started.

   b. Fabrication of partial dentures shall be done at the discretion of the institution dentist only. Having one or more missing teeth does not necessarily make an inmate eligible for a partial denture. A removable partial denture shall not be undertaken if any of the following conditions are present:

      i. Poor periodontal health;
      ii. Lack of generalized plaque control;
      iii. Non-restorable teeth present;
      iv. Chronic infection;
      v. Restorations have not been completed / caries present;
      vi. Eight (8) or more posterior teeth in occlusion, to include bicuspid occlusion.

   c. One or two-tooth anterior partial dentures, or flippers, are very low priority and may be made only after other higher priority care is provided. Anterior partial dentures are primarily cosmetic and shall be made at the discretion of the institution dental director. One or two-tooth anterior partial dentures shall only be made at the expense of the patient (See G. 8. Options for Patients to Pay for Elective Appliances).

   d. If the dentist believes a cast-partial framework denture is necessary, approval must be made through the DRC dental director/designee.

6. Complete Dentures

   a. Complete dentures shall not be fabricated at State expense for an inmate with length of stay in DRC of three (3) years or less. Additionally, due to the amount of time and number of appointments needed to fabricate a complete denture, an inmate must have a minimum of nine (9) months until release for a complete denture to be started.

   b. Immediate dentures shall not be made without approval of the DRC dental director/designee.

7. Lost or Broken Dentures

   a. Broken dentures may be repaired for any inmate as time and resources permit, assuming the denture is reasonably repairable.

   b. Inmates who have lost or broken their complete or partial dentures through negligence, willful destruction or mutilation are required to pay the dental laboratory fee for replacement/repair unless:

      i. Eight (8) years have elapsed since the insertion of the dentures regardless of the inmate's ongoing confinement status (this <u>does not</u> dictate that dentures in place shall be remade every eight (8) years); or

      ii. It has been determined, i.e. Rules Infraction Board or Inspector of Institutional Services, the dentures were lost or destroyed by another; or

      iii. A change in the inmate's dental condition renders the existing partial denture non-functional and non-alterable.

   c. Justification for replacement of full or partial dentures shall be properly documented in the dental record.

   d. The institution dental director shall make the judgment of acceptability of the dental appliance.

8. Options for Patients to Pay for Elective Appliances

   a. A patient may elect to pay the dental lab fee, contingent on the approval of the treating dentist, in the following circumstances:

      i. If he/she is otherwise eligible for a partial denture and elects to have a cast-metal framework denture made, he/she shall pay the difference in cost between an acrylic and cast-metal partial denture;

      ii. If he/she is serving a sentence of less than three (3) years (but a minimum of one (1) year), he/she may elect to pay to have a partial or complete denture made;

iii. If he/she desires to have a one or two-tooth anterior partial made. Note: one- or two-tooth anterior partial dentures, or flippers, are very low priority and may be made only after other higher priority care is provided;

iv. If he/she desires to have a more expensive grade of denture tooth used than the standard grade used by the dental lab;

v. If he/she has lost or irreparably broken his/her denture and is not yet eligible for remake.

H. Provision of Orthodontics

1. Orthodontic care is not offered by DRC.

2. Those inmates who enter DRC with orthodontic appliances (braces) shall be evaluated individually. The dentist's clinical judgment, the patient's desires, self-reported case history, and patient outdate should all be considered in choosing a plan of action. In general, in the case of long-term incarceration, removal of orthodontic appliances is recommended.

3. Removal of any orthodontic appliance shall only be done with the patient's written consent.

I. Provision of Endodontic Treatment

1. Endodontic therapy involves the complete removal of diseased or necrotic pulpal tissue with full obturation of the root canal with filling material. Endodontic therapy is normally not available for posterior teeth in DRC. The presence of pulpal necrosis or irreversible pulpitis alone is not adequate to justify endodontic services as opposed to extraction.

2. Endodontics shall be limited to those cases with compelling reasons for saving a particular tooth.

3. In those very limited instances where the dentist performing the service feels that endodontics is warranted, this service may be provided in accordance with the following criteria:

   a. The dentist must evaluate the total oral health of the inmate. There must be good oral hygiene and periodontal health;
   b. The tooth must be in occlusion;
   c. A minimum of active caries; and
   d. There is sufficient clinical crown, such that a full-coverage, cast restoration is not anticipated.

4. Questions regarding continuation of care initiated prior to incarceration shall be referred to the DRC dental director for evaluation and recommendations.

J. Emergency Dental Services

1. Each institution shall have a procedure for notifying dental personnel of dental emergencies, for provision of emergency dental care, and emergency transportation using appropriate security procedures twenty-four (24) hours per day in accordance with DRC policy 68-MED-01, Medical Services.

2. Patients with severe pain and/or swelling shall be seen by a dentist, physician, nurse practitioner, RN or physician's assistant within twenty-four (24) hours.

3. If the dentist is not on-site and the patient is initially seen by a physician, nurse practitioner, RN, or physician's assistant, the patient shall be seen by a dentist at the next dental clinic.

4. Where the complaint includes difficulty in breathing or swallowing, or purulent discharge into the mouth or nose, the patient shall be seen by a dentist, physician, nurse practitioner, RN, or physician's assistant immediately.

5. Life-threatening emergencies (such as uncontrolled bleeding and infections not responsive to antibiotic therapy) and suspected fractures shall be referred to the appropriate outside emergency room.

6. Emergency dental care shall be available via the local emergency department or the Ohio State University Medical Center (OSUMC) Hospital Emergency Department, or for those institutions with privatized medical services, a suitable emergency treatment facility designated by the vendor. The referring institution nurse shall complete the appropriate transport form.

K. Specialty Dental Services

1. If specialty consultation is needed for diagnosis or management of oral or maxillo-facial conditions, the patient shall be referred to the Oral Surgery Clinic at FMC. A Consultation Request form (DRC5244) or the electronic record equivalent must be completed.

2. Inmates incarcerated at institutions where dental care is provided through a comprehensive medical contract shall receive such specialty services at a facility designated by that contractor.

3. See Medical Protocol F-3, Oral Surgeon Referrals, for additional information on referrals to an oral surgeon, including appropriate referral and tracking of patients for biopsies.

L. Refusal of Treatment and Informed Consent

1. If a patient refuses the treatment recommended by the examining dentist or the dentist providing the treatment, a written notation of refusal of treatment shall be made in the dental record and the patient shall sign a Release of Responsibility form (DRC5025) or the electronic record equivalent, which will be filed in the patient's dental record.

2. Prior to performing extractions, the dental staff must fill out a Dental Extraction Consent (DRC5537) or the electronic record equivalent and have this signed by the staff and the patient.

M. Second Opinions

1. Inmates do not have the option to receive a second opinion in dental matters.

2. A "private dentist" is not permitted to examine or treat an inmate while incarcerated.

N. Inmate Workers

Inmate workers are prohibited from working in dental clinics in any capacity except as porters and then only under direct supervision.

1. Under no circumstances may an inmate assist in patient care, handle dental records, or have any control over the scheduling of patients.

O. Administrative Reports

1. The dental staff shall provide the institution HCA with the designated statistics required for inclusion in the institution's statistical monthly report to the Operation Support Center.

2. Dental staff is required to submit on-line dental statistics by the 15th of the month for the preceding month. This report includes productivity data, statistics on broken appointments and hours worked.

P. Treatment of Staff

Local institutional dental providers are responsible for delivering dental care to inmates. Dental services shall not be provided for employees or contractors.

Q. Medical Emergencies Cardiopulmonary Resuscitation (CPR)

All dental staff are required to maintain active health care provider CPR certification per Medical Protocol B-32, CPR Standards for Health Care Staff, and are expected to perform CPR, if needed, in the event of a dental/medical emergency.

1. Active certification of health care provider CPR training documentation shall be maintained by the HCA.

2. All private contractors are expected to ensure their employees are trained and maintain certification in health care provider CPR.

3. The location of the crash cart and procedures for summoning a medical staff for an emergency should be provided to all dental staff by the HCA.

R. Hazardous Material Disposal

Dental staff is to properly dispose of hazardous materials such as used x-ray processor chemicals and scrap amalgam, as referenced in DRC policy 10-SAF-13, Infectious Waste Management.

Related Department Forms:

Doctor's Order	DMH0020
Release of Responsibility	DRC5025
Dental Record	DRC5103
Dental Health Service Request Log	DRC5113
Consultation Request	DRC5244
Dental Treatment Remarks	DRC5294
Precious Metal / Denture Receipt	DRC5297
Health Services Request	DRC5373
Oral Surgery Consult & Biopsy Log	DRC5523
Dental Extraction Consent	DRC5537